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## DEPARTMENT OF NURSING EDUCATION

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### A PLEA FOR THE INCLUSION OF MENTAL NURSING IN THE TRAINING SCHOOL CURRICULUM

BY HARRIET BAILEY, R.N.

ONE not infrequently hears physicians who have been practicing their art for many years remark that their course in psychiatry had consisted of a few lectures and perhaps a visit to the state or county asylum. This indicates the relative importance which was then attached to the subject which treats of the disorders and diseases of the mind by those who were educating the physicians of the future. At about this same period, also, psychology was taught as an abstract subject, very little attempt being made by the majority of educators to bring it into the field of applied science. It is not to be wondered at that students emerged from their courses in psychology with a confused mental picture largely colored and dominated by "the Ego," a mysterious and unexplainable quantity or quality. So, too, one is constantly meeting nurses who frankly confess that they have not the slightest knowledge of abnormal psychology, nor do they understand or know the meaning of the terminology of present day psychiatry.

It is good to state, however, that during the last decade or two there has been a marked increase of interest in and research into the causes and treatment of mental disorders, that the laws of psychology are now being applied not only to medicine, but to teaching, to industry, to salesmanship and to the various phases of our complex daily life; and that the best schools of nursing are providing courses in mental nursing and are insisting upon it as an integral part of the nurses' training.

A perusal of recent reports gives the impression that the number of patients who are ill because of mental disorders is increasing. Surely one who is in touch with nursing activities knows that the number of these patients for whom skilled nursing is required and demanded is constantly multiplying. It is gratifying to note the increase of psychopathic hospitals and psychopathic departments in general hospitals and dispensaries, and the constantly enlarging number of clinics which have been established in order that this large group of patients whose symptoms are mental, but none the less incapacitating, may early seek advice and receive treatment, thereby preventing more serious illness with complete disability and the long

period of convalescence involving economic waste and dependence, factors which make mental disease so much a part of the health problem of today. For the day is long past when mental weakness and illness can be ignored as a cause of or contributing factor to ill health, inefficiency and inability to bear one's part in the struggle for existence, and the onward march of progress.

The realization has gradually been growing until now it is freely acknowledged that in every branch of medicine the practice of nursing is a most important element of treatment. In no branch is this more true than in that which treats of the diseases of the mind. So, too, the fact is being forcibly brought to those who come in closest contact with sickness in all its forms, that physical and mental disorders cannot always be separated by sharp lines of demarcation. It is not alone in the psychoneuroses and psychoses, but also in the less well defined mental states as often associated with a disturbance of physical function, that some knowledge of psychopathology and of the nursing procedures which the symptoms make evident is essential and necessary to the nurse who would be truly efficient. For it must be borne in mind that it is the nurse who must make observation and report symptoms which are not always constant, or which may be repressed or masked in the presence of the physician, or whose meaning and import may not be understood by the patient and therefore not communicated to the physician, but which, nevertheless, may be a strong factor in the retardation of progress towards health.

If the number of patients with mental symptoms is increasing, and if the demand for nurses for administrative positions in mental hospitals and psychopathic departments as well as for private duty can in no wise be met, can we who are responsible for the education of the nurse longer feel that it is not imperative to make provision for the acquisition of this training in one way or another? Can we, faced by the facts, feel that we have produced a *trained* nurse until we have added to her efficiency assets this one of adequate training in the nursing of nervous and mental diseases?

In schools where a psychopathic department is included in the hospital unit, the course in mental nursing is an integral part of the general training. Some other schools make provision for this course by affiliation with a psychopathic or mental hospital. Students from these schools are equipped with the knowledge which enables them to meet any demand made upon them. It is not, therefore, to these I would plead, but to the large number of nursing schools which have as yet made little or no attempt to include this course in their curricula.

The arguments against the inclusion of this course are familiar,

that special lecturers and instructors are difficult to secure, that the curriculum is already crowded, and that the average general hospital affords few facilities for the illustration of theory or for the application and practice of nursing procedures. There are, it is good to state, a considerable number of average and small schools which have overcome these difficulties and are providing very good courses in this subject. This is the way it has been done. A special lecturer from the staff of a mental hospital is secured to give the theoretical course, following more or less closely the outline in the Standard Curriculum prepared by the National League of Nursing Education. The students are taken in groups to the mental hospital where special clinics are given for them. Demonstrations in some of the more difficult nursing measures are also given. With a text book for reference, this method provides the fundamental theoretical training. So far this method is like that followed in many medical schools.

But nursing is a practical art, and no amount of theory or class room instruction, however good it may be, can fully equip the nurse for this branch of her work. Knowledge gained through experience in the actual care of patients is both necessary and desirable, for it not only develops adaptability, manual skill and dexterity, but tends to increase the assurance and confidence in one's ability to meet successfully the many difficult and unusual situations which are so likely to rise in this field of nursing activity. This is a very important factor in the nursing of these patients, and upon it oftentimes depends the success or failure of the nurse. Let me illustrate. Late one Saturday evening the superintendent of the hospital where I was directing the school of nursing called me by telephone. He was in despair and needed help at once. Could I possibly break my rule and allow a student nurse to go to a very difficult case which he had seen in consultation? The facts were these: A young woman about eighteen years of age had gone into a state of acute excitement about a week before. The family were living on a large estate in a suburb of a big city, and desired ardently to keep the patient at home if possible, providing as many nurses as might be necessary. The prognosis was favorable and the physicians agreed to this arrangement. One nurse after another had been called to the case, until six had come and gone in as many days, unable in any way to minister to or care for the patient, because none of them had ever had any practical training or experience in the care of mental patients acutely ill. The family were in despair and were willing to send the patient to the hospital, but she could not be received until Monday morning. What could be done in the meantime?

Contrary to practice, I sent a senior nurse to remain with the

patient over Sunday. When she arrived she found the family almost as distraught as the patient. With the assurance and confidence which comes with knowledge, she entered the barricaded room and immediately made friendly contact with the patient, who exclaimed in loud tones, "Aren't you afraid of me, too?" In less than an hour she had placed the patient in a warm bath which was prolonged without struggle; she had given her a considerable quantity of nourishment, the first taken in several days, and very shortly after the patient went to sleep, the first natural sleep for many weeks. The whole household slept that night and peace continued over Sunday. It is almost needless to add that the family were so overjoyed at these happy results that they offered the hospital a truly fabulous sum to allow this nurse to remain with them. This illustration could be multiplied many times by scores of others from my experience and observation, and I think proves the value to the nurse of training in the care of mental patients.

So far I have pleaded for the inclusion of mental nursing to equip the nurse to efficiently serve the suffering sick however classified and to meet a growing demand in every community. I cannot close this plea without emphasizing the great good which it seems to me every nurse derives from her study of and experience with those whose illness is mental. When one understands even imperfectly the mechanisms which govern behavior and speech and sees the manifestations of disordered mechanism, one surely tends to become more charitable, more patient, more sympathetic with the patients who are difficult, peculiar or "queer" and whose symptoms hitherto have proved annoying, exasperating and vexing. It seems to me there is no course in the curriculum which better teaches one to

\* \* \* gently scan your brother man,  
Still gentler, sister woman.

COURSE OF STUDY IN PRACTICAL PSYCHOLOGY AND PSYCHOPATHOLOGY AS GIVEN TO STUDENT NURSES IN THE HENRY PHIPPS PSYCHIATRIC CLINIC, THE JOHNS HOPKINS HOSPITAL

BY EFFIE J. TAYLOR, R.N.

*Associate Superintendent of Nurses*

The discussion of Mental Nursing will be continued in the May number in an article by Dr. Esther L. Richards, Associate Professor of Psychiatry, Johns Hopkins University.

**T**HE course of study in Practical Psychology and Mental Nursing extends throughout the three years of training and is given in the form of lectures, quizzes, demonstrations of nursing procedures, ward experiences, clinics, and conferences.

The first group of lectures is given by the Associate Professor